

**American Citizen Registration  
Embassy of the United States**

**Consular Section, 95 Wireless Road, Bangkok, Thailand 10330  
tel. (02) 205-4049, fax (02) 205-4103 Email: acsbkk@state.gov**

**Note:** Please attach a photocopy of your passport data page to this form.

Name: \_\_\_\_\_

Surname                                  Given Name(s)                                  Suffix                                  Alias

Address in Thailand: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Gender: \_\_\_\_ City/State/Country of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile or Business phone: \_\_\_\_\_ Email: \_\_\_\_\_

Passport No.: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Place of Issue: \_\_\_\_\_

Marital Status: \_\_\_\_ Married \_\_\_\_ Single \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_ Separated

Length of Stay in Thailand: \_\_\_\_\_ Arrival date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

<b>Emergency Contact: ***Please Complete***</b>	
Name: _____	Relationship: _____
Address: _____	
City: _____	State: _____ Postal: _____ Country: _____
Tel: _____	Fax: _____ Email: _____

Your Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Family members traveling/residing with you (attach copies of their passport data pages)

1) Full Name: \_\_\_\_\_ Place/Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Passport No.: \_\_\_\_\_ Place/Date Issued: \_\_\_\_\_

2) Full Name: \_\_\_\_\_ Place/Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Passport No.: \_\_\_\_\_ Place/Date Issued: \_\_\_\_\_

3) Full Name: \_\_\_\_\_ Place/Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Passport No.: \_\_\_\_\_ Place/Date Issued: \_\_\_\_\_

Any additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In accordance with the Privacy Act of 1974 (PL-93-579), if necessary, I authorize the release of information to:

\_\_\_\_ All

\_\_\_\_ Only: \_\_\_\_ Family \_\_\_\_ Media \_\_\_\_ Congress \_\_\_\_ Legal Representatives \_\_\_\_ Medical

\_\_\_\_ Only the following individuals: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_